MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/567910

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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3	/					
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TOTAL IND. 16						
TOTAL DEP. 7						
TOTAL CLAIMS 23						

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-1360 (REV. 11/84)